

# **Performance Outcomes Data System (PODS)**

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## **Data Dictionary**

**for the**

## **Child / Youth Survey For Families**

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For more information visit the DMH Performance Outcomes and Quality Improvement (POQI) Web Page at:

<http://www.dmh.cahwnet.gov/rpod/>

# Child / Youth Survey – For Families

YSSF.txt

Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
ADMINISTRATIVE DATA						
COUNTYID	text	1	2	2	County identifier (i.e., county code) <i>county/city submitting record</i>	01 - 66 See Appendix A for codes. Prefilled on DMH TELE <i>form</i> forms
CCN	text	3	11	9	County client number ( <i>CSI equivalent</i> )	9 character field Right justify, use left leading zeros See Appendix B for examples
FORMTYPE	text	12	12	1	Age specific form	P = Parent Prefilled on DMH TELE <i>form</i> forms
FORMLANG	text	13	14	2	Language of instrument	See Appendix C for codes Prefilled on DMH TELE <i>form</i> forms
REASON	text	15	15	1	If the instrument is not completed, the PRIMARY reason must be indicated.	1 = Refused (consumer refused to complete) 2 = Impairment (e.g., cognitive) 3 = Language (i.e., form not available in consumer's preferred language) 4 = Other
SRVYDATE	text	16	23	8	Date of survey administration	mmddyyyy ( <i>leading zeros; no placeholders</i> ) See Appendix B for examples.
*COUNTY1	text	24	25	2	County Question #1	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
*COUNTY2	text	26	27	2	County Question #2	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
*COUNTY3	text	28	29	2	County Question #3	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.

CONSUMER PERCEPTION SURVEY						
Youth Services Survey for Families (YSS-F) Questions						
SATSVCS	numeric	30	30	1	YSS-F_01. Overall, I am satisfied with the services my child received.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CHOOSVCS	numeric	31	31	1	YSS-F_02. I helped to choose my child's services.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CHOOSTX	numeric	32	32	1	YSS-F_03. I helped to choose my child's treatment goals.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
NOMATTER	numeric	33	33	1	YSS-F_04. The people helping my child stuck with us no matter what.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TRBLTALK	numeric	34	34	1	YSS-F_05. I felt my child had someone to talk to when he/she was troubled.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

PODS YSS-F Data Dictionary

Field Name	Type	Column Position		Width	Description	Format/Coding
PARTICTX	numeric	35	35	1	YSS-F_06. I participated in my child's treatment.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RIGHTSVC	numeric	36	36	1	YSS-F_07. The services my child and/or family received were right for us.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
LOCATION	numeric	37	37	1	YSS-F_08. The location of services was convenient for us.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TIMEGOOD	numeric	38	38	1	YSS-F_09. Services were available at times that were convenient for us.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HELPWANT	numeric	39	39	1	YSS-F_10. My family got the help we wanted for my child.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HELPNEED	numeric	40	40	1	YSS-F_11. My family got as much help as we needed for my child.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

PODS YSS-F Data Dictionary

Field Name	Type	Column Position		Width	Description	Format/Coding
RESPECT	numeric	41	41	1	YSS -F_12. Staff treated me with respect.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RELIGION	numeric	42	42	1	YSS -F_13. Staff respected my family's religious / spiritual beliefs.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
UNDERSTD	numeric	43	43	1	YSS-F_14. Staff spoke with me in a way that I understood.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CULTURE	numeric	44	44	1	YSS -F_15. Staff were sensitive to my cultural / ethnic background.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DAILYLIF	numeric	45	45	1	YSS-F_16. As a result of the services my child and/or family received, my child is better at handling daily life.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRFAM	numeric	46	46	1	YSS-F_17. As a result of the services my child and/or family received, my child gets along better with family members.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

PODS YSS-F Data Dictionary

Field Name	Type	Column Position		Width	Description	Format/Coding
BETTRFRN	numeric	47	47	1	YSS-F_18. As a result of the services my child and/or family received, my child gets along better with friends and other people.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRSCH	numeric	48	48	1	YSS-F_19. As a result of the services my child and/or family received, my child is doing better in school and / or work.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
COPE	numeric	49	49	1	YSS-F_20. As a result of the services my child and/or family received, my child is better able to cope when things go wrong.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SATFAMILY	numeric	50	50	1	YSS-F_21. As a result of the services my child and/or family received, I am satisfied with our family life right now.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
*Comments	*	*	*	*	* YSS-F_22. Comments	* This item is not reported to DMH and is for county use only
<b>CONSUMER BACKGROUND</b>						
HOWLONG	text	51	51	1	How long has your child received services here?	1 = This is my child's first visit here 2 = > 1 visit, but < one month 3 = 1 to 2 months 4 = 3 to 5 months 5 = 6 months to 1 year 6 = More than 1 year 9 = Missing

PODS YSS-F Data Dictionary

Field Name	Type	Column Position		Width	Description	Format/Coding
GENDER	text	52	52	1	What is your child's gender?	F = Female M = Male O = Other 9 = Unknown / Missing
HISPANIC	text	53	53	1	Are either of the child's parents of Mexican / Hispanic / Latino origin?	0 = No 1 = Yes 9 = Unknown / Missing
WHITE	text	54	54	1	Is your child's race White / Caucasian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
BLACK	text	55	55	1	Is your child's race Black / African American?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
ASIAN	text	56	56	1	Is your child's race Asian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
AMERIND	text	57	57	1	Is your child's race American Indian / Alaskan Native?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
PACISLND	text	58	58	1	Is your child's race Native Hawaiian / Other Pacific Islander?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHERACE	text	59	59	1	Is your child's race Other?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
UNKRACE	text	60	60	1	Is your child's race Unknown?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
DOB	text	61	68	8	What is your child's date of birth?	mmddyyyy (leading zeros; no placeholders) See Appendix B for examples.
ARREST	text	69	69	1	In the past month, how many times was your child arrested for any crimes?	0 = No arrests 1 = 1 arrest 2 = 2 arrests 3 = 3 arrests 4 = 4 or more arrests 9 = Missing
SCHABSNT	text	70	70	1	How often was your child absent from school during the last month?	1 = 1 day or less 2 = 2 days 3 = 3 – 5 days 4 = 6 – 10 days 5 = More than 10 days 6 = Do not remember 8 = Not applicable / Not in school 9 = Missing
LANGPREF	text	71	71	1	Were the services your child received provided in the language he / she preferred?	0 = No 1 = Yes 9 = Missing



PODS YSS-F Data Dictionary

WRITTEN	text	72	72	1	Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?	0 = No 1 = Yes 9 = Missing
NOHELP	text	73	73	1	I did not need any help.	0 = I did need help (bubble not filled in) 1 = I did <i>not</i> need any help (bubble filled in)
VOLUNTER	text	74	74	1	A mental health advocate / volunteer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHCONSM	text	75	75	1	Another mental health consumer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
FAMEMHLP	text	76	76	1	A member of my family helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
PROFINT	text	77	77	1	A professional interviewer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
CLINICIN	text	78	78	1	My child's clinician / case manager helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
STAFFMEM	text	79	79	1	A staff member other than my child's clinician or case manager helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHELP	text	80	80	1	Someone else helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
* WHO	*	*	*	*	Follow-up to OTHELP above - Who helped?	* This item is not reported to DMH and is for county use only

## Appendix A: County Codes

Code	Name
01	Alameda
02	Alpine
03	Amador
04	Butte
05	Calaveras
06	Colusa
07	Contra Costa
08	Del Norte
09	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey
28	Napa
29	Nevada
30	Orange

Code	Name
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
52	Tehama
53	Trinity
54	Tulare
55	Tuolumne
56	Ventura
57	Yolo
63	Sutter/Yuba
65	Berkeley City
66	Tri-City

# Appendix B: Explanation of Data File Export Format

## Data File Export Format

Counties using their own technology must convert their survey data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right), with the exception of CCN (County Client Number) which is right-justified with leading zero's added to fill vacant columns in county client numbers with less than 9 characters. Below are a few example records which illustrate what the export format should look like.

	CCN (County Client Number)									DOB (Client Date of Birth)							
Column #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
<b>Consumer 1</b>	0	0	Z	1	2	3	4	5	6	0	6	0	9	1	9	5	5
<b>Consumer 2</b>	9	8	7	6	5	4	3	2	1	1	1	1	7	1	9	6	0
<b>Consumer 3</b>	0	Y	7	6	5	4	3	2	1	0	0	0	0	1	9	5	5

### CCN

*Consumer 1* and *Consumer 3* have county client numbers which are seven and eight characters wide instead of the nine characters allocated in the Data Dictionary (county client number widths vary across counties). Notice that the field values are right-justified with leading zero's added to fill vacant columns in CCN's with less than 9 characters.

### DOB

Notice for *Consumer 1* and *Consumer 3* the date values in the Date of Birth columns (positions 10-17) are in the MMDDYYYY format, have leading zeros, and do *not* include placeholders. For example, for *Consumer 1* notice that columns numbered 10 and 11 (which indicate month) and columns numbered 12 and 13 (which indicate day) each have a leading zero. *Consumer 3* has an estimated year of birth and zeros for month and day of birth. This conforms to the CSI requirements regarding missing date of birth information.

When the complete date of birth is unknown, as much of the date as is known shall be reported. If nothing is known, estimate and report an approximate year of birth and use zeros for the month and day. If only the age in years is known, calculate the year of birth and use zeros for the month and day. If the year and month of birth are known, but the exact day of birth is not, report the year and month only, and use zeros for the day.

## Appendix C: Language Codes

Code	Language	Instrument Availability		
			Adult	Older Adult
EN	English	✓	✓	✓
SP	Spanish	✓	✓	✓
VI	Vietnamese			
CH	Chinese			
RU	Russian			
CM	Cambodian			
FA	Farsi			
HM	Hmong			
AR	Armenian			
TG	Tagalog			
KO	Korean			
MN	Mien			
OT	Other			
99	Missing / Not Reported			

## Appendix D: Information Technology Web Services

The following information is for counties intending to collect survey data on their own (not using DMH provided technology options) and intending to upload their data (via internet) to DMH using the Information Technology Web Services (ITWS). The ITWS provides a secure environment for the transfer of confidential data. Counties will need to identify a single contact to upload their data. Counties that are not authorized to use this system will need to obtain authorization. To obtain authorization, please visit the DMH ITWS website at <http://www.dmh.ca.gov> and click on the “ITWS” menu option. At this site, you will find information on the function of the ITWS and how to begin enrollment. If you have any questions regarding the enrollment process for the ITWS, you may call the DMH ITWS Help Desk at (916) 654-3117.

Once the Child / Youth Survey for Families text files are formatted according to the data dictionary specifications, the process for submission is as follows:

- All text files MUST be zipped.
- Zipped files do not need to be password encrypted since ITWS is a secure site.
- Zipped files MUST be named according to the following convention: CPODSccYYYYMM#SUBMITTAL.ZIP
  - ◆ CPODS = Child / Youth Performance Outcomes Data System
  - ◆ cc = County code
  - ◆ YYYYMM = Four digit year and two digit month that data were due
  - ◆ # = Submittal sequence number (1 to 9). Each file with a new YYYYMM will have a submittal number of “1.” Anytime you have to resubmit this file during the same reporting period (most likely due to errors), the submittal number will increase by 1. The word “SUBMITTAL” must follow this number. For example, a file for the Child / Youth Performance Outcome Data System due on January 16, 2004 would be named: CPODS992004011SUBMITTAL.ZIP. If there is an error with this file and the file must be resubmitted with corrections, the new file will be named CPODS992004012SUBMITTAL.ZIP. You will notice the submittal number is now “2” since this is the second submission for the January 2004 deadline.

For technical questions related to the ITWS, please call the DMH ITWS Help Desk at (916) 654-3117.